

## **PS1.155**

### **Cognitive impairment as a symptom of metastasis in the central nervous system**

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Personal History: Diabetes Mellitus type II, hypertension, dylipidemia, prostate cancer, glaucoma. Current treatment: lisinopril/hydrochlorothiazide, Adiro, fenofibrate, paracetamol. Anamnesis: 76 years old male who came to Emergency department with episode of cognitive impairment from two weeks ago with memory failure and loss of strength in the lower limbs. Family refer that they notice like that since he had to leave the antidiabetic therapy (metformin / linagliptin). Refers not fever at any time. No other symptoms. Derived from primary care for screening cerebrovascular process.

Physical examination: Glasgow 15/15, isochoric reactive pupils, no nuchal rigidity, no alterations in cranial nerves. Left dysmetria. Decreased strength in left upper limb relative to contralateral. Sensitivity preserved and symmetrical. Negative Romberg. No gait or language disorders. Symmetrical palpable carotid pulse. Rest of examination: anodyne.

Complementary tests: Blood test: no significant findings.

Chest X-ray: no significant findings. Cranial CT without contrast: bifrontal area of mixed attenuation in supratentorial level, higher in right frontal and temporal region, displacing the midline, compressing the lateral ventricle and causing blurring of sulcus, suggestive of neoplasm. Cranial CT with intravenous contrast: mixed right temporo-frontal attenuation area, with thickened cortical and mild enhancement. Nodular area more enhanced appearance in the uppermost portion of the lesion, all compatible with neoplasm.

Diagnosis: space occupying lesion of brain to rule out metastatic lesion secondary to prostatic primary process. Evolution: the patient is admitted in charge of Neurosurgery for study and surgical treatment of the injury.

Conclusion: with neurological symptoms of recent appearance in patients with a history of malignancy should be ruled secondary metastasis in the central nervous system.

Keywords: cognitive impairment, hemiparesis, prostate cancer